## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

438P892

| CLAIMS AS FILED - PART I (Column 1) (Column                   |   |   |              |              |                              |  |     | SMALL ENTITY TYPE                       |                        |    | OTHER THAN OR SMALL ENTITY |                        |
|---|---|---|--------------|--------------|------------------------------|--|-----|---|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS  |   |   | 43           |              |                              |  |     | RATE                                    | FEE                    |    | RATE                       | FEE                    |
| FOR   |   |   | NUMBER FILED |              | NUMBE                        | MBER EXTRA                                   |     | BASIC FEE                               | 355.00                 | OR | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                                       |   |   | 43 minus 20= |              | • 23                         |  |     | X\$ 9=                                  | 207                    | OR | X\$18=                     |                        |
| IND   | EPENDENT CL   | AIMS  | y minus 3 =  |              | /                            |  |     | X40=                                    | 40                     | OR | X80=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                              |   |   |              |              |                              |  |     | +135=                                   |                        | OR | +270=                      |                        |
| * If the difference in column 1 is less than zero, enter      |   |   |              |              | r "0" in c                   | olumn 2                                      |     | TOTAL                                   | 602                    | OR | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |   |   |              |              |                              |  |     | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |    |                            |                        |
| AMENDMENT A   |   | CLAIMS HIGHEST REMAINING NUMBER AFTER PREVIOUS AMENDMENT PAID FOR |              |              | IBER<br>OUSLY                | PRESENT<br>EXTRA                             |     | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total   | · 55  | Minus        | ** 4         | 43                           | = 12   |     | X\$ 9=                                  |                        | OR | X\$18=                     |                        |
|   | Independent   | NTATION OF MI   | Minus . ;    | *** <        | T CLAIM                      | = <b>8</b>                                   |     | X40=                                    |                        | OR | X80=                       | 1,00                   |
| <u> </u>  | FIRST PRESE   | NIATION OF MI   | JLTIPLE DEF  | PENDEN       | CLAIM                        | 1  |     | +135=                                   |                        | OR | +270=                      |                        |
|   |   |   | •            |              |                              |  |     | TOTAL<br>ADDIT, FEE                     |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|   |   | (Column 1)  |              |              | mn 2)                        | (Column 3)                                   |     | 1                                       |                        |    |                            |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                         |              | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                             |     | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total   | A continue  | Minus        | **           | *                            | = '  |     | X\$ 9=                                  |                        | OR | X\$18=                     |                        |
|   | Independent,  | •   | Minus        | ***          |                              | =  |     | X40=                                    | *                      | OR | X80=                       |                        |
|   | FIRST PRESE   | NTATION OF MI   | JLTIPLE DEF  | PENDEN       | CLAIM                        | <del>_</del>                                 | 1   | +135=                                   | la                     | OR | +270=                      |                        |
| •   |   |   |              |              |                              |  | . 1 | TOTAL<br>ADDIT. FEE                     |                        | ÓR | TOTAL<br>ADDIT. FEE        |                        |
|   |   | (Column 3)  |              |              |                              |  |     |   |                        |    |                            |                        |
| AMENDMENT C   |   | (Column 1) CLAIMS REMAINING AFTER AMENDMENT                       |              | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                             |     | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus        | **           |                              | =  |     | X\$ 9=                                  |                        | OR | X\$18=                     |                        |
| ME  | Independent   | •   | Minus        | ***          |                              | <u>                                     </u> |     | X40=                                    |                        | OR | X80=                       |                        |
| ഥ   | FIRST PRESENTATION OF MULTIPLE DEPENDE  |   |              |              | T CLAIM                      |  | ]   | +135=                                   |                        | OR | +270=                      | 1,                     |
| **  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, nter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |              |                              |  |     |   |                        |    |                            |                        |